

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000006193

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC7385796659**

**Entity Name:** DISTINGUISHED PROPERTIES, LLC

**Current Principal Place of Business:**

7879 PINES BLVD., STE. 103  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

7879 PINES BLVD., STE. 103  
PEMBROKE PINES, FL 33024

**FEI Number:** 37-1427882

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

YOSIFOVE, YOSEF  
7879 PINES BLVD., STE. 103  
PEMBROKE PINES, FL 33024 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name YOSIFOVE, YOSEF  
Address 7879 PINES BLVD., STE. 103  
City-State-Zip: PEMBROKE PINES FL 33024

Title MGR  
Name VERGES, RAFAEL  
Address 2501 HOLLYWOOD BLVD, STE. 230  
City-State-Zip: HOLLYWOOD FL 33020

Title MGR  
Name YOSIFOVE, IRENE  
Address 7879 PINES BLVD., STE. 103  
City-State-Zip: PEMBROKE PINES FL 33024

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** YOSEF YOSIFOVE

MGRM

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date